

El Paso Museum of Archaeology

at wilderness park



Archaeology Day Camp Registration Form

Child's Name _____ Age _____

Name of Parent or Guardian _____

Daytime Telephone Number _____

In case of emergency, we request the name and telephone number of a physician for each participant.

Child's Physician _____ Phone Number _____

Payment for registration must be received by May 15, 2005 to hold space in the camp. There is a limit of 25 participants for the camp.

Registration Fee \$40

Cash _____ Check _____ Credit Card _____